

## **Public Service Commission of Wisconsin** (8155) - MILWAUKEE SMSA LTD PARTNERSHIP **Commercial Mobile Radio Service Provider Annual Report** For Year Ending December 31, 2005

Rules for Reporting

4026	Assessable Revenue Definitions					
4026		<u>Help</u>				
* - indicates required fie	lds					
best of my knowledge, it	nformat	sponsible for accounts; that I have examined the following report and, to the ion and belief, it is a correct statement of the business and affairs of said the report in respect to each and every matter set forth therein.				
Utility	Name:	MILWAUKEE SMSA LTD PARTNERSHIP				
Person respon ac	sible for					
Title of person respon ac	sible for counts:	Chief Financial Officer *				
	Date:	03/31/06 * (mm/dd/yyyy)				
Identification						
Utility	Name:	MILWAUKEE SMSA LTD PARTNERSHIP				
Street A	ddress:	5565 Glenridge Connector, Suite 1700 *				
P	O Box:	PO Box Zip:				
	City:	Atlanta				
Web Site Ad	ddress:	www.cingular.com				
<b>Business Customers</b>	Phone:	8003310500 Example 6085551212 Ext:				
Residential Customers	Phone:	8003310500 Example 6085551212 Ext:				
Primary Address - Primary Utility Contact (located at utility address)						
	Name:	Tom Jankowski *				
	Title:	Senior Manager, State Government Affairs *				
Firm/Con	npany:	Cingular Wireless *				
Office Ad	ldress:	5565 Glenridge Connector, Suite 1700 *				
F	O Box:	PO Box Zip:				
	City:	Atlanta				
Fax Nu	ımber:	8662470554 Example 6085551212				
Phone Nu	mber:	4042366711 * Example 6085551212				
Email Ad	dress:	tom.jankowski@cingular.com *				
Annual Report Con	tact -	Contact Person for Information Contained in This Annual Report				
Same As Primary Addı		• ***				
ſ	Name:	Tom Jankowski *				
	Title:	Senior Manager, State Government Affairs *				
Firm/Com	pany:	Cingular Wireless **				
Office Add	dress:	5565 Glenridge Connector, Suite 1700 *				
		<b>"</b>				

PO Box		PO Box Zip:				
City:	Atlanta	* State: GA	* Zip: 30342 *			
Fax Number:	8662470554	Example 6085551212	• •			
Phone Number:	4042366711	* Example 6085551212				
Email Address:	tom.jankowsk	i@cingular.com				
Regulatory Contact - Cor	ntact Person fo	or Regulatory Inquiries and Comp	plaints			
Same As Primary Address						
Name:	Office of the P	resident	**			
Title:	Manager, Offic	ce of the President	*			
Firm/Company:	Cingular Wirel	ess	*			
Office Address:	1100 Woodfiel	d Rd., Suite 200	*			
PO Box:		PO Box Zip:				
City:	Schaumburg	* State: IL	* Zip: 60173 *			
Fax Number:	8474137446	Example 6085551212	em a maximus and a second of			
Phone Number:	8474137676	* Example 6085551212				
Email Address:	james.m.camb	eris@cingular.com	minute and a single			
1a) If not, please state the natur	e of your entity	's business.	100 Sept. 100 Se			
<ul><li>1b) If not, do you intend to provi</li><li>2) Do you believe that this year</li></ul>		e in Wisconsin at a future date? es have already been reported to the	(Blank/Y/N)			
Commission?  2a) If yes, provide particulars concerning annual report (utility name and number, report name, page and						
line number and dollar amou	nt).	Topore (dancy name and namber, re	port manne, page and			
2b) If no, provide your assessable assessment purposes.	(000's)					
Wisconsin Gross Intrastate Op Annual Report Notes (if applica		mmunications Service Revenue	Redacted			
чина порот посез (п арриса	·					
Su	bmitted you v	itting it to the Commission. Once will not be able to print it.				
When the submit button is the right of any hox with	clicked, the pro	ogram will check for errors and displace are no errors, a confirmation page	ay a message to			

Print Check for Errors & Submit